

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) WPP86385

Box No. I TITLE OF INVENTION
TOTAL SYNTHESIS OF MYRIAPORONES

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Pharma Mar, S.A.U.
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Pérez Álvarez, Marta
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Ruffles, Graham Keith
Marks & Clerk
57-60 Lincoln's Inn Fields
London WC2A 3LS
United Kingdom

Telephone No.
020 7400 3000

Facsimile No.
020 7404 4910

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

del Pozo Losada, Carlos
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

ES

State (that is, country) of residence:

ES

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Francesch Solloso, Andrés
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

ES

State (that is, country) of residence:

ES

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Cuevas Marchante, Carmen
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo,
Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

ES

State (that is, country) of residence:

ES

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Ruffles, Graham Keith
57-60 Lincoln's Inn Fields
London WC2A 3LS
United Kingdom

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

GB

State (that is, country) of residence:

GB

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☒ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GE Georgia | | |
| <input checked="" type="checkbox"/> GH Ghana | | |
| <input checked="" type="checkbox"/> GM Gambia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐ ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
 - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Continuation of Box II

Ruffles, Graham Keith is co-applicant for SD (Sudan) only

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|---|--|
| | | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office |
| item (1) 30 July 2002 (30.07.02) | 0217638.6 | GB | | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

☐ all items ☒ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

** Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . .*

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

| Date (day/month/year) | Number | Country (or regional Office) |
|-----------------------|--------|------------------------------|
|-----------------------|--------|------------------------------|

Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (*mark the applicable check-boxes below and indicate in the right column the number of each type of declaration*):

Number of
declarations

- | | | | |
|--------------------------|--------------------|--|---|
| <input type="checkbox"/> | Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> | Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> | Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> | Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> | Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

| This international application contains: | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | Number of items |
|---|---|-----------------|
| (a) the following number of sheets in paper form: | 1. <input checked="" type="checkbox"/> fee calculation sheet | : |
| request (including declaration sheets) : | 2. <input type="checkbox"/> original separate power of attorney | : |
| description (excluding sequence listing part) : | 3. <input type="checkbox"/> original general power of attorney | : |
| claims : | 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | : |
| abstract : | 5. <input type="checkbox"/> statement explaining lack of signature | : |
| drawings : | 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): | : |
| Sub-total number of sheets : | 7. <input type="checkbox"/> translation of international application into (language): | : |
| sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) : | 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | : |
| Total number of sheets : | 9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other)) | : |
| (b) sequence listing part of description filed in computer readable form | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) | : |
| (i) <input type="checkbox"/> only (under Section 801(a)(i)) | (ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter | : |
| (ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii)) | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column | : |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column): | 10. <input checked="" type="checkbox"/> other (specify): Form 23/77. | : |
| Figure of the drawings which should accompany the abstract: | Language of filing of the international application: English | |

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

G. Darren Smyth
SMYTH, GYLES DARREN
for Ruffles, Graham Keith

| For receiving Office use only | |
|---|--|
| 1. Date of actual receipt of the purported international application: | 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | |
| 5. International Searching Authority (if two or more are competent): ISA / | |
| 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid | |

| For International Bureau use only |
|---|
| Date of receipt of the record copy by the International Bureau: |

This sheet is not paid and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET
Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

WPP86385

Date stamp of the receiving Office

Applicant

Pharma Mar, S.A.U. et al

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 55.00 **T**

2. SEARCH FEE 640.00 **S**

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 131
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

b1 first 30 sheets 278 **b1**

b2 101 x 6 = 606 **b2**
number of sheets in excess of 30 fee per sheet

b3 additional component (only if sequence listing part of description is filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = **b3**
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B 884 **B**

Designation Fees

The international application contains all designations.

5 x 60 = 300 **D**
number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I 1184 **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 22 **P**

5. TOTAL FEES PAYABLE 1901

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ GB

Deposit Account No.: D03312

Date: 30 July 2003

Name: S. Fowell

Signature: Marks & Clerk

The
Patent
Office

Patents Act 1997
Rules 6, 52, 119

**Request for a certificate of the
Comptroller or a certified or uncertified
copy from a file or the register**
(see the notes on the back of this form)

The Patent Office

Cardiff Road
Newport
Gwent NP9 1RH

-
1. Your reference
FC/WPP86385
-
2. Patent application or patent number(s)
(see notes (c) & (d))
0217638.6
-
3. Full name of the or of each patent applicant or
proprietor
(if known)
Pharma Mar, S.A.
-
4. What do you want a copy of? *(see note (f))*
A copy of the application as filed.
-
5. How many copies do you need?
1(one)
-
6. State the type of certificate you want
(See note (g)) and if it is needed to support
applications made outside the United
Kingdom, list the countries concerned
(see notes (j) & (k))
Certified copy of the specification/drawings as
originally filed with signature and seal.
-
7. Name address and postcode of the or each
person making the request
(see note (h))
-
8. Name, address and postcode of the or of each
person certificates or copies should be sent to
(if different from that given in part 6 above)
(see note (l))
Send to the International unit as priority
document for PCT application
-
9. Signature Date
Marks & Clerk 30 July 2003
-
10. Name and daytime telephone number of
person to contact in the United Kingdom S Fowell - 0207 400 3000

PATENT CO-OPERATION TREATY
GENERAL POWER OF ATTORNEY

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

Pharma Mar, S.A.U.

hereby appoint(s)

LYNDON-STANFORD, Edward Willoughby Brooke
GIBSON, Christian John Robert
WHALLEY, Kevin
TUBBY, David George
GODWIN, Edgar James
ABLEWHITE, Alan James
RUFFLES, Graham Keith
SLATER, John Arthur
LUCKHURST, Anthony Henry William
LORD, Hilton David
MOUNTENEY, Simon James

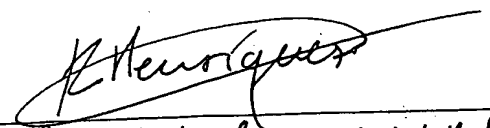
LAMB, Martin John Carstairs
ANDREWS, Timothy Stephen
GRANLEESE, Rhian Jane
FAIRBAIRN, Angus Chisholm
MIDGLEY, Jonathan Lee
COLLINS, John David
SMYTH, Gyles Darren
MARTIN, Philip John
DUNCAN, Garreth Andrew
OXLEY, Robin John George
CHISHOLM, Geoffrey David

of
Marks & Clerk
57-60 Lincoln's Inn Fields
London
WC2A 3LS
United Kingdom

as agent, to represent the undersigned before all the competent International Authorities in connection with any and all International patent applications filed by the undersigned with the United Kingdom Patent Office as receiving office and to receive payments on behalf of the undersigned.

Signature(s)

(where there are several persons, each of them must sign. Beneath each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):


Director, Technology and Intellectual Property,

Ruben Henriquez Palaez

Date:

24 / Feb / 03

Originally filed with PCT/GB03/00481
on 6 March 2003

PATENT CO-OPERATION TREATY

GENERAL POWER OF ATTORNEY

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

Ruffles, Graham Keith
57-60 Lincoln's Inn Fields,
London WC2A 3LS,
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hereby appoint(s)

GOLDSMITH, Barry Sanders
LYNDON-STANFORD, Edward Willoughby Brooke
LAMB, John Baxter
FREED, Arthur Woolf
WHITE, Martin David
GIBSON, Christian John Robert
DEVONS, David Jon
WHALLEY, Kevin
TUBBY, David George
GODWIN, Edgar James
ABLEWHITE, Alan James
RUFFLES, Graham Keith


SLATER, John Arthur
LUCKHURST, Anthony Henry William
HACKETT, Sean James
HOLLIDAY, Frank
LORD, Hilton David
WALDREN, Robin Michael
SMITH, Gillian Ruth
MAURY, Richard Philip
MOUNTENEY, Simon James
LAMB, Martin John Carstairs
SUCKLING, Andrew Michael
ANDREWS, Timothy Stephen

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as agent, to represent the undersigned before all the competent International Authorities in connection with any and all International patent applications filed by the undersigned with the United Kingdom Patent Office as receiving office and to receive payments on behalf of the undersigned.

Signature(s)

(where there are several persons, each of them must sign. Beneath each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):


Ruffles, Graham Keith

Originally filed with PCT/GB96/00537
filed 8 March 1996.

Date: 15 April 1996

FEE CALCULATION SHEET

Annex to the Demand

| | | | | |
|--|---|---|---|---|
| International application No. PCT/GB03/03327 | For International Preliminary Examining Authority use only | | | |
| Applicant's or agent's file reference WPP286385 | Date stamp of the IPEA | | | |
| Applicant Pharma Mar, S.A.U. et al | | | | |
| CALCULATION OF PRESCRIBED FEES | | | | |
| 1. Preliminary examination fee | <div style="border: 1px solid black; padding: 2px;">1530 EUR</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P</div> | | | |
| 2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) | <div style="border: 1px solid black; padding: 2px;">129 EUR</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">H</div> | | | |
| 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box | <div style="border: 1px solid black; padding: 2px; width: 100px;">1659 EUR</div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">TOTAL</div> | | | |
| MODE OF PAYMENT | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (<i>specify</i>): <div style="margin-top: 5px;">The fees will be credited to your account.</div> </td> </tr> </table> | | | <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft | <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (<i>specify</i>): <div style="margin-top: 5px;">The fees will be credited to your account.</div> |
| <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft | <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (<i>specify</i>): <div style="margin-top: 5px;">The fees will be credited to your account.</div> | | | |
| AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> | | | | |
| <input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | | IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____ | | |